DELAWARE EMERGENCY MEDICAL SERVICES OVERSIGHT COUNCIL

MEETING MINUTES

February 21, 2018

The meeting was called to order by Chairman Robert Stuart, Delaware State Fire School, Classroom 5 in Dover. Those in attendance were as follows:

Council Members

Robert Coupe Dept. of Safety & Homeland Security

Jason BaxleyDSP AviationErin WatsonACEP (Alt.)

Glenn Luedtke Sussex County Member at Large Mark Logemann New Castle County EMS (Alt.) Alan Robinson Fire Prevention Commission

Maria Diaz EMSC

Ross Megargel State EMS Medical Director

Dana BowersonPracticing ParamedicSteve MurphyTrauma System Committee

Colin Faulkner Kent County EMS

Council Staff

Diane Hainsworth OEMS Jacki Poore OEMS

Guests in Attendance

Tim Cooper **EMSPS** Mike O'Malley **DEMA** MarySue Jones **OEMS** Britany Huss **OEMS** Christopher Klein **DSHS** Jeffrey Cox **SCEMS** Warren Jones DVFA Brent Waninger **OEMS** Kate Brookins **OEMS** A.J. Shall **DEMA**

I. INTRODUCTIONS

DEMSOC members, staff and guests introduced themselves.

II. APPROVAL OF MINUTES

The minutes from the December 13, 2017 meeting were reviewed and approved.

III. PUBLIC HEALTH PREPAREDNESS UPDATE

Tim Cooper reported that they have received approval for a Public Health Crisis Grant which streamlines the process to receive funds during a public health emergency.

They are having a Full Scale Mass Care exercise in June which will test the Mass care Plan and newly trained shelter managers.

They are planning a radiation workshop working with DEMA to enhance DHSS roles in a radiation emergency.

They will be conducting preparedness training of DPH nurses in May.

They are in the process of completing their Hazard Vulnerability Analysis which is a grant requirement every five years.

IV. NEW BUSINESS

1) Flu update

Diane Hainsworth reported that they are still seeing a steady increase in the number of lab confirmed cases. This is only lab confirmed, people who have had the rapid flu test are not counted in this data.

She stated that some vendors have started rationing PPE's, hospitals are not able to order as much supply as needed. The yellow masks worn in the ER are a particular shortage, OEMS has a stock at their warehouse and is attempting to order more to be sent to hospitals as needed.

She warns that we have not seen the peak yet. She encourages folks to get vaccinated, if not already, practice good hygiene, and if your sick stay home.

2) Opioid Update

Diane Hainsworth reported that they are holding a System of Care meeting on March 13th. This meeting will bring together all players to discuss the system of care of approach, to build off of Trauma, Ped's and Stroke, in determining issues like what education is needed for EMS, law enforcement, etc. There is an issue with compassion fatigue and an issue with giving Narcan too quickly. The meeting will also talk about what programs other states use and some programs that Delaware currently has.

VIII. OLD BUSINESS

1) Agency Reports

Sussex County Member-At-Large

Glenn Luedtke reported that they are still seeing an increase on assaults to paramedics.

EMSC

Maria Diaz reported that they are still very focused on their Pediatric Emergency Care Facility Recognition Program. This year is a new cycle of site visits for all hospitals in March and April.

They are looking to identify a designated pediatric emergency care coordinator for each EMS agency. They would like to see 2 BLS providers from each county and 1 ALS provider from each county attend their advisory meetings.

On January 25th they had their pediatric skills course for Delaware BLS providers. February 22nd the BLS course will be held.

On May 18th will be their pediatric transport and prehospital skills course. All information on courses can be found at pedsuniversity.org.

Medical Direction

Ross Megargel reported that there is a saline, dilaudid and caridozem shortages. Looking to find alternate drugs to replace these.

He reported that Standing Orders are being reviewed. There are two committees and one sub-committee, one ALS with a interfacility sub-committee and one BLS committee. The medical directors hope to start their review in April through May to send up to BMLD in June.

There is an interest in the trauma community on the abdominal aortic junctional tourniquet, which aids with trauma to the groin area.

The medical directors are in the process of credentialing, half of all medics are interviewed each year to have their national registry signed off on.

OEMS

Diane Hainsworth reported that the office has two new staff members, training administrator Brent Waninger and Public Health Treatment Program Admin Kate Brookins who will be manager of the opioid program.

They are moving forward with the Stop The Bleed campaign having trained DMRC members as trainers. Nurses and schools have been trained. She reminded everyone that the office has the "leg" trainers that are available for use, contact the office if anyone would like to borrow them.

She reported that they have begun distribution of Narcan to BLS agencies in Kent and Sussex counties. New Castle County has acquired some funding for New Castle BLS but the office will be distributing to New Castle as well.

They are moving forward with the trauma workshop which is scheduled for June 27th.

She reported that it is grant season, the office is working on Opioid grants as well as Hospital Preparedness Program Grants.

She reminded everyone that it is time for the annual DEMSOC report, for anyone that has not already submitted their report to please do so in the coming weeks.

DSP

Jason Baxley reported that they currently have 177 Narcan doses, since starting the program they have had to administer Narcan 31 times.

He stated that they are in the process of developing trauma specific kits for all their patrol cars. They are also looking into outfitting all troopers with belt worn tourniquets.

He reported that the aviation section is exploring different scheduling options to prevent fatigue. They currently work 24 hour shifts with one on and 4 off.

New Castle County

Mark Loggeman reported that they are currently in the process of upgrading equipment. They have all new bags, they focused on ergonomics, making it easier for medics to carry the heavy equipment. Those new bags should be completed this week.

He reported on their staffing, they currently have three personnel beginning the orientation process in March, one medic in training and seven in field training.

He stated that their Annual Sudden Cardiac Arrest Survivors event is next Tuesday the 28th.

DVFA

Warren Jones reported that it is legislative session time. He reported that they are relying more on their full time paid staff due to lack of volunteers which causes funding issues.

Fire Commission

Alan Robinson reported that they had their meeting yesterday. They have created a sub-committee to address the ambulance regulations. There are issues with companies going on by-pass or taking themselves out of service which puts a burden on the neighboring companies. The committee will work on ways to correct that without having to de-certify companies.

Next meeting is March 20th, there will be two EMT hearings.

Ambulance Committee

Mike McMichael reported that he recently attended the National EMS conference in Las Vegas, attendance was up by 20 percent from last year.

The next DSEMSA meeting is January 16, 7 pm, at the Delaware State Fire School.

Sussex County

The Sussex County EOC currently has no vacancies.

Smart911: The County continues to promote its new high-tech tool designed to give first responders critical information about those in need when seconds count. Smart911TM is an online service that allows any Sussex County resident to create a Safety Profile for his or her household, and pre-load information in that profile should someone ever need to call 9-1-1. The service, which is voluntary and free to use, is unique in that it allows users to control their information. This travels with them wherever they may go in the United States, so long as another jurisdiction uses the Smart911TM program. The service is available at www.smart911.com. Smart911TM is especially helpful for people with specialized conditions, those with young children, or who utilize mobile phones. Mobile phones, unlike home or business phones, do not have physical addresses associated with them. This could potentially cause delays to response and treatment. To date, over 3,700 Sussex County residents have created profiles in the Smart911 database.

<u>PulsePoint</u>: PulsePoint is a program that uses a specialized application, via GPS, to identify first responders and community members who know CPR within a 1/2 mile of a cardiac arrest. Furthermore, using PulsePoint AED, the application can identify a known AED in a public environment and have a trained provider respond as well. The goal is to use the power of the CAD system to reach out to trained bystanders, and those with AED's, to respond to cardiac arrest calls to increase a victim's chances of surviving a cardiac arrest. They have released the app to the public and have verified all the AED's in the County. Sussex County now has 4,038 PulsePoint followers, an increase of 378 since December.

Sussex County EMS

<u>Personnel</u>: They currently have three vacancies. They have nine candidates in varying stages of our out-of-state verification of competency process. They are actively recruiting for new employees. They continue to recruit out-of-state candidates from local and regional training centers as well as in-state graduates from Del Tec (DTCC).

CARES Registry: Sussex County EMS continues to participate in the CARES Cardiac Arrest Registry. In 2017, our Utstein Survival rate for cardiac arrest witnessed by bystander and found in a shockable rhythm by EMS was 25.0%. The CARES average for this same survival criteria is 27.5% and the national average for all EMS Systems remains much lower. Their high survival rate is impressive considering our rural response area. SCEMS attributes this to widespread LUCAS device deployment and a seven-year dedication to high performance CPR, as well as a system wide push to improve cardiac arrest survival. They have seen an increase in the frequency of bystander CPR performance. This is attributed to their continued public outreach teaching hands only CPR and the

continued efforts of the 911 dispatchers to provide pre-arrival CPR instructions. SCEMS is working to improve their cardiac arrest resuscitation statistics by hosting a Resuscitation Academy for their local EMS and Fire Departments, continued use of CodeStat software to review real-time data with our paramedics about their performance, increased public awareness about PulsePoint, and increased teaching of Hands-Only CPR for our citizens. In 2017, SCEMS paramedics taught hands only CPR to 5,436 people with 33 paramedics participating. Their Survivor reunion ceremony is scheduled for March 10th, 2018.

AHA 2017 Mission Lifeline Award: Following up with their 2017 Mission: Lifeline® EMS Silver Plus Level Recognition Award from the AHA, SCEMS is intending to once again partner with Nanticoke Memorial Hospital for submission of our data. Beebe Hospital administration indicated that they will participate for this year's submission. This will give SCEMS a near 85% look at our cardiac care data combined with hospital data.

Professional Development: SCEMS has embarked on an initiative of professional development for all levels of leadership within the department. They held our first three P3 (entry level manager) academies throughout this past year. They have started requiring online leadership training through our Learning Management System and have started incorporating skills based training (exposure, accident investigation etc.) for their leaders during our clinical continuing education sessions. They are formalizing additional training for professional development that will be implemented over the next year. In addition, they continue to enroll our leadership staff in the Year-long Sussex County Leadership Development Program. They continue heavy-use of the National Emergency Training Center (NETC) for advanced leadership courses. Each year approximately 20 SCEMS paramedics attend on-campus courses at the NETC. This year two of their leadership team completed the multi-course, multi-year curriculum to become certified Managing Officers through the National Fire Academy.

Mobile Integrated Healthcare (MIH): They were awarded a partial grant through the Jessie Ball duPont Fund and matching funding from Beebe hospital to fund a COPD MIH partnership. Upon preparing to present to the state and other partners, their primary point of contacts at Beebe Medical Center left their positions. They have resumed meetings with Beebe and feel that the new team that they have assembled is a good partnership and we are moving forward with presenting a pilot program to OEMS in the coming months. They are continuing to create the training program and operational details.

Rescue Task Force (RTF): Several members of their Active Assailant workgroup recently attended the Advanced Law Enforcement Rapid Response Training (ALERRT) in San Marcos, Texas. The staff were able to attend an instructor's course in Citizens Response to Active Shooter Events (CRASE). These members are working with county leadership to provide training to all county employees. They have taught over 200 county employees CRASE and stop the bleed and have

future training scheduled. This program discusses actions to take during active shooter/hostile-type events, and how to "stop the bleed" using equipment that will be strategically located in county-owned buildings. Their department leadership continues to be represented in the state-wide task force has been assembled to identifying a standard for training and a standardized approach to these active assailant events.

Training & Education: They are focusing our efforts this year on enhancing our airway training by deploying field training equipment to be utilized by the FTO's and Supervisors during downtime. They were the first in the United States to deploy the latest version of AirTraq video laryngoscopes system-wide. The new units are a ruggedized version of the initial Air Traq device we deployed initially and is touted to be more field durable. The ability to record and review the videos of the paramedic's airway management have proven invaluable in improving our individual and system-wide airway management skills. They are now better able to focus education towards observed areas of difficulty. In October and November renowned educator Tim Phalen delivered his course to their department and invited guests from other EMS departments to enhance their ECG analysis and understanding of Myocardial Infarction (heart attack) identification and treatment.

<u>Accreditation</u>: They have begun our efforts to achieve CAAS accreditation. NCCEMS graciously met with their leadership to share their accreditation experience. They have the support and funding from their county administration to pursue this 12-18 month endeavor.

Station builds and West side staffing realignment: They are addressing response to the over 4,500 ALS responses into Seaford. This volume is more than Delmar, Laurel, Bridgeville and Greenwood combined. Their 2014 pilot program demonstrated a 25% improved response time to all west side districts and improved time to first intervention and medication. GIS data for best placement, land now being appraised and moving forward with permitting and buildout over the next two years. Due to the data showing the need in Seaford, they are realigning our west side staffing, moving the supervisor and single paramedic to our Bridgeville and the two-person unit to Seaford. They have held meetings with the west side fire department leadership and have received a favorable response to this realignment. As they have some remodeling to do to their existing stations to accommodate this change in staffing until the new building is built, they are anticipating a May 1st implementation.

<u>JEMS games:</u> SCEMS is currently in first place out of 27 teams after the preliminaries and moves into the finals with a guaranteed medal.

VIIII. PUBLIC COMMENT